



Symposia Abstracts

Psychological evaluation of the sexual abuse of children in forensic contexts

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Child sexual abuse is a problem that affects not only the victims, but the whole family system and surrounding community, leading us to conceptualize a comprehensive evaluation process, with several actors and intervention areas. Child sexual abuse is also a crime, which implies articulation between health and psychological evaluation and criminal justice.

In this presentation, we will reflect on some conceptual issues regarding evaluation processes, namely the testimonial accuracy of children, their ability to testify and the elaboration of forensic reports. With regard to children's testimonies, we will focus on interviewing techniques, memory and suggestibility, and the effects of repeated questioning. We will also present an evaluation protocol, regarding interviews with the children and their families, as well as collateral information from the education, health and social services.

Finally, we will present a brief case study, illustrating some difficulties and challenges often presented in child sexual abuse evaluation.

How are psychotherapies practiced in sexological treatment? A special issue for 2010

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Sexologies has invited 6 experienced clinicians to write about their clinical practices in an issue on psychotherapeutical treatment of sexual problems. Clinicians will be asked in an attempt to reflect the time after the founders of sexology developed their work. The participants are asked to include a description of their own therapeutic and sexological training, and how they have developed their practice since their basic training. What has been factors of influence? What kind of clients and sexual problems they encounter.

Sexual orientation development and fluidity

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The aim of this exploratory study is to identify fluctuations in the sexual orientation development of men and women who self identify as homosexual, bisexual, heterosexual or other new identities in Portugal. The goals are to describe factors (personal, relational and social) that contribute for the personal definition of sexual orientation and sexual identity; to name gender differences in the development of sexual orientation self definitions that may be associated with attraction, sexual contacts, genital intercourse, love and intimacy.

The methodology used was both qualitative and quantitative. The first phase consisted in an exploratory study with 30 people while undergoing the training in sexology with the Portuguese Sexology Society, using a semi-structured interview. The results allow us now to create a questionnaire with multiple answers on the sexual orientation development. The results showed a generation gap (where older people encountered more difficulties related to homophobia); some gender differences; as well as an expected clear difference between homosexuals and heterosexuals in questioning the self identity and social support for exploring sexual issues.

Currently we wish to carry out an online survey with a questionnaire designed after the main items encountered in the first phase and in the EFS 10th Conference we would like to present the preliminary data results of this second current phase.

This study has limitations in the recruitment of subjects and in the online methods but it is interesting how it compares the sexual development of LGBT (Lesbian, Gay, Bisexual, and Transgender) and the heterosexual communities in Portugal.

Evaluation of the comprehensive project for the prevention of sexual abuse (PIPAS): sexual measures

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We evaluated the efficacy of the PIPAS applied in an institution for children and adolescents at risk.

Two hundred and seventeen students from 3rd to 9th grade participated in the evaluation. We used a control and one or two experimental groups with a pre post-test design, over an interval of 6-7 months between data recollection. Results

are presented for measures related to sexual matters. For participants from 3rd to 6th grade (n=124) a questionnaire regarding their knowledge on sexual abuse was used and from 7th to 9th grade (n=93) participants responded to three questionnaires concerning knowledge on sexual abuse, a short version of the Sexual Attitudes and Values Survey and an adapted version of the Brief Questionnaire on Sexuality. Through repeated measure analysis, the preliminary results showed (with a partial sample, n=173, and only for knowledge on sexual abuse) that knowledge on sexual abuse in 3rd to 6th grade did not change over the academic year, $F(2, 121)=.015$, $P=.985$, unlike 7th to 9th grade, $F(1, 47)=9.556$, $P=.003$, where the experimental group maintained its initial knowledge whereas the control group significantly lost it. Conclusions will be drawn regarding the project's effects on sexual abuse knowledge, sexual attitudes and values, contraception, ISTs and behaviors towards unforeseen sexual situations. Other variables will be pointed out as relevant outcomes for the evaluation and application-related methodological issues will be raised.

Good practices in PIPAS: a brief report

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“Good practices” are those that have positive and observable consequences in student learning, by increasing or reorganizing their knowledge and skills, whether cognitive, affective or behavioral. This implies outcome and process evaluation. In this study we aim to analyze processes evidences in PIPAS that may be related to results. Process variables are organized in three categories: institutional (organizational and relational), cognitive (teachers' beliefs and opinions) and behavioural (teachers' engagement). We collected informal and formal process data for each category. Informal data on the description of each session were obtained by the teachers. The formal data were obtained both through semi-structured interviews of a sub-sample of teachers and through two teacher behaviour observation forms: one completed by the teachers at the end of each session and the other completed by an external observer evaluating the teacher's engagement.

In the preliminary analysis we found that good institutional organization (which includes time for the project, clear distribution of the roles and functions, recognition of the work developed, integration of the project activities in the teacher evaluation objectives), a relational atmosphere of openness, dialogue and team work, good knowledge of the project's dynamics and teachers' engagement increased the positive results encountered. For instance, in the educational centers where there were medium (5 to 8) to high session frequencies (12 to 13), good institutional organization and a high level of teacher engagement, the findings were better.

We will highlight ways of improving the implementation of the program.

Addressing the disturbed like ripples in water, working with the networks of children who transe

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Children who “transe” (i.e., children who do not perform gender in accordance with their sex assigned at birth) are a group deserving of attention from professional health workers. The majority of these children grow up to be either lesbian, gay bisexual, and/or transe, and as a result of the attached social stigma, are at increased risk for suicide and other grave psychological consequences. When brought to professional attention, children who transe will often be brought to designated, centralized specialty clinics within national health care systems. This is especially true for somatic boys, since boys in girls attire and performance evoke much more anxiety in their environment than girls in boys' attire and performance. Centralized clinics can only to a certain degree meet these children's special needs concerning how to cope with the challenges they face at home and in society, because those challenges are found in their immediate and extended networks, and those networks are ordinarily located far away from the specialist consulting rooms. The clinical work and experience described here has been collected over a period of 10-15 years. The focus of the work has been with those around the children who are or might be disturbed by them. Like ripples in water, the children's different networks are educated to achieve a better and more nuanced understanding of sex, gender and gendered expressions. This work has proved to be very effective in relieving the tensions and anxieties in the extended networks.

Medical Sexology as a New Medical Speciality

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Sexology is the branch of knowledge that study Sex and Sexual Function. As a field of knowledge has several areas, one of then is Medical Sexology.

Medical Sexology is an area of the field of Medicine that has as objective the Promotion of Sexual Health and the Prevention, Anticipation, Diagnoses, Treatment and Rehabilitation of Sex and Sexual Function diseases.

As we all know in Caracas, Venezuela a Postgraduate Training Program started in 1985. Three years full time Residency Program in a Medical Sexology Service of a Postgraduate Institution (CIPPSV/IIP). Since then (25 years), 49 physicians as gotten their training in Medical Sexology. They are spared all over Venezuela and in Colombia and Ecuador. The Program will be presented and discussed.

In 1986 the Venezuelan's law recognized Medical Sexology as a new Speciality in the field of Medicine.

Up to now seven public hospitals has establishes a Medical Sexology facilities.

A Diagnostic Manual for Sexological Diseases has been develop during these years, The Federación Latinoamericana de Sociedades de Sexología y Educación Sexual-FLASSE-

adopt it as its official classification (Belo Horizonte, Brail.1992). Last year the General Assembly of the World Association for Medical Sexology-WAMS- resolve to take the Manual as one their official documents (Caracas, Venezuela 2009). The Classification will be presented and discussed

Erectile dysfunction: towards a new model of treatment

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Introduction: Treatment of erectile dysfunction (ED) was carried out with the Masters and Johnson (1970) therapy with some modifications by other authors until the end 90's. With the emergence of sildenafil, tadalafil and vardenafil there began a trend to consider sexual therapy as unnecessary. Nevertheless, data indicates that about 50% of patients abandon treatment, despite attaining good erections, because of lack of partner collaboration.

Aim: At the "Instituto Andaluz de Sexología y Psicología" (IASP), we considered that sexual therapy with a partner was essential to help sexual response and to improve treatment adhesion. With this on mind, at the IASP we have developed a therapeutic model based on the one proposed by Masters, Kaplan and Hawton combined with 5 Phosphodiesterase type inhibitors (PDE5I) and have compared the effectiveness between our model combined with PDE5I and only sildenafil.

Method: The sample was recruited among patients suffering a psychogenic ED, older than 18 years, with a steady partner, with a clinical evolution not superior to one year and not inferior to a month and that did not suffer any physical or psychic pathology apart from performance anxiety (N=60). Main Outcome measures: Sexual function was evaluated with IIEF (International Index Erectile Function). The sample was divided in two groups. Group I received the IASP treatment (our sexual therapy+sildenafil). Group II members were given 50 mg sildenafil one hour before the sexual encounter. Results were assessed a month after having finalized any type of therapeutic intervention.

Results: In Group I (IASP therapy), we obtained an average score of 26' 83 while the average pre-treatment score was of 13' 90 [$t(29)=-16' 667, P<0.001$]. In group II an average score of 20'90 was obtained being the average pre-intervention score of 14'20, with significant differences after the intervention [$t(29)=-4' 302, P<0.001$]. In the variance analysis (ANOVA) that compared effectiveness between the two interventions, significant statistical differences were observed ($P < 0.05$), showing the IASP therapy to be more effective.

Conclusion: Combined therapy (IASP+sildenafil) got better results than therapy with only sildenafil a month after having ended treatment. We also had a smaller withdrawal rate in Group I compared to Group II (8% opposed to 23%).

Online adolescent sexual risk behaviours

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Safe Internet use has been the focus of media attention in recent years, particularly in terms of its dangers for young people. As teachers, we encounter some problematic cases in our daily lives related both to technical and ethical Internet misuse as well as other risk behaviors, namely sexual, which may have adverse consequences. The aim of this study is to understand such misuse and intervene accordingly. The study sets out to identify the behaviors that could put young people at risk. In this context, issues arose related to online adolescent sexual behavior.

A questionnaire was given to a representative sample (N= 298) of the 3rd cycle and secondary education students of a school.

Young people used the Internet to discuss intimate matters (57%), to flirt (42%), to talk about their sexual behaviors (20.6%), to view or download pornography (19.6%), and to arrange meetings with strangers (6.6%) or to accept encounters with them (5.2%); 3.8% of students reported having used the Internet to invite someone for sex. The Internet was also used to send pornographic material to others (6.3%), and in 3.8% of the cases of themselves.

We found that most students were not clearly aware of the risks of such behavior. We are currently preparing an intervention to target students, teachers and families with a view to minimizing such risks, involving awareness of the problem, risks and benefits of internet use and safe internet behavior.

From soft to hard. Is kinky sex a therapeutic tool?

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"Vanilla sex" refers to what a culture regards as standard or conventional sexual behaviour, as vanilla is the base of every kind of ice cream. Different cultures, subcultures and individuals have obviously different ideas about what constitutes this type of sex.

On the other hand, "kinkiness" or "kinky sex", are terms used to refer to a playful usage of sexual concepts in an accentuated, and unambiguously expressive form. This regards to a range of objective and objectifying sexualistic practices ranging in degree from the playful to the paraphilic. These include spanking, bondage, dominance and submission, and various form of sadomasochistic games or sexual fetishism.

In a more general view, kinky sex basically stands on a hierarchical power structure. Intense stimulation is usually associated with physical or emotional pain or its dramatization. Other form of sexual stimulation involve sensory deprivation, sensory confusion or restraint. Role-playing of fantasy are frequently turned into sexual scenarios. The use of certain preferred objects (sex toys, whips, handcuffs...) and materials (silk, rubber, leather...) as sexual enhancers is more than a common practise. Kinky sex may be highly unusual, but it is always "safe, sane, legal and consensual".

Going far beyond, can be funny and it can make sex very hot: the tremendous variety of kinky activities mitigates the tendency for conventional sex to become routine and monotonous, especially in monogamous relationship. Kinky prac-

tices explore the “shadow side” of sexuality: the taboo or apparently risky nature of hard sex can enhance pleasure. Moreover the level of trust, communication and negotiation skill required for extraordinary, erotic intimacy in kinky practises, far exceed those common in ordinary sexual relationships.

This workshop examines the potential use of certain kinky activities, from soft play to hard sex, in therapy. But also countertransference problems and therapist’s biases are taken into account.

Exploring patterns of sexual desire-arousal response in women

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Introduction: The notion that sexual desire is defined by sexual fantasy frequency and desire for sexual activity has been challenged. There is still a need for empirical research on patterns of female sexual response that might inform the diagnostic criteria for sexual desire and arousal dysfunction in the DSM-V.

Aim: To investigate patterns of sexual response in women: (1) to identify women who consistently report sexual desire at the outset of sexual engagement and women who mostly report accessing desire once they become aroused from sexual stimulation; (2) to explore the frequency of sexual fantasies; and (3) to describe women’s experience and recognition of sexual arousal

Methods: This web-based survey consisted of a variety of questions about women’s sexual responses. Participants (n=3687) were Portuguese women over the age of 18 (mean age=29.4, SD=8.3) who recruited through advertisements and snowball by e-mail.

Main outcome measures: Self-report measures of spontaneous and responsive sexual desire, arousal, orgasm, sexual satisfaction, and fantasy. These measures were developed for this study by the authors.

Results: Analyses were performed on a subsample of heterosexual women in a committed relationship, not taking antidepressants, not currently pregnant or breastfeeding who reported no difficulties with sexual arousal (n=1865). 15.5% only engaged in sexual activity if they felt sexual desire at the outset whereas 53.8% engaged occasionally in sexual activity with no initial sexual desire but once engaged were able to get easily aroused. A minority (30.7%) typically or always accessed desire only once they were aroused. Sexual desire at the outset of a sexual encounter was related to relationship duration. As relationship duration increased, the percentage of women in the initial desire group decreased ($t[571.5] = -9.703$, $p < 0.001$).

A logistic regression was conducted to assess predictors of sexual fantasy. The overall model was found to be significant ($\chi^2[6] = 163.578$, $p < 0.001$) and revealed that religion, difficulty getting aroused, and frequency of orgasm were significantly associated with sexual fantasy. In addition, sexual satisfaction with one’s own sexuality as well as sexual sat-

isfaction with partner, and length of relationship did not predict the likelihood of sexual fantasy.

Less than half of women reported genital sensations in the recognition of sexual arousal and 80.2% reported becoming conscious of sexual arousal “because I feel like having sex”. **Discussion:** These data show a diversity of women’s responses regarding motivation to engage sexually. Women experience desire and arousal as overlapping entities and in a variable order.

Implications for the diagnostic criteria of hypoactive sexual desire and female sexual arousal dysfunction are that: (a) a lack of initial desire but presence of responsive desire should not denote dysfunction; (b) the definition of dysfunction should address diversity across women and the influence of relationship duration; (c) sexual fantasy should not be considered central to women’s definitions of desire or arousal; (d) most women do not differentiate between desire and arousal and are not aware of genital sensations. This study provides some empirical support for a model of sexual response which recognizes the importance of responsive sexual desire.

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Gender Differences in Sexual Arousal and Emotional Response to Erotica: the Effect of Type of Film and Instructions

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Aim: Different types of sexual stimuli promote different patterns of sexual response according to gender. Men, more than women, show a category-specific pattern of sexual arousal. Moreover, each gender seems to affectively respond differently to sexual stimuli. The aim of the present study was to evaluate how men and women respond both sexually and affectively to different types of sexual clips and instructions provided during exposure to sexual stimuli, and also how the affective response to those films and instructions affect the overall subjective and physiological sexual response.

Methods: Twenty nine men and 28 women were presented with 2 types of sex films (sexual explicit film vs relational film) and 2 different instructions (fantasizing about a strange vs fantasizing about the partner). Physiological sexual arousal (VPA and penile circumference), subjective sexual arousal, and affective response (PANAS) were assessed. Mixed ANOVAS 2x2x2 were conducted in order to assess the effect of Gender, Type of Film, and Type of Instruction on sexual arousal and affective response. Moreover, we performed regression analysis (enter method) to evaluate the best predictor of physiological and subjective sexual response.

Results: Findings showed a significant effect for Type of Film on physiological sexual response (sexual explicit clip pro-

moted higher physiological arousal), Gender on subjective sexual response (women presented higher subjective sexual arousal), Type of Instruction on subjective sexual response (fantasizing about partner promoted higher subjective sexual arousal), and for Type of Instruction on affective response (fantasizing about the partner promoted higher levels of positive affect). Furthermore, positive affect significantly predicted subjective sexual response.

Conclusions: Results suggest that physiological and subjective sexual responses are triggered by different stimuli. Particularly, physiological response was triggered by type of film (sexual explicit film) while subjective response was triggered by sexual fantasy (fantasizing about the partner). Moreover, subjective sexual response and affective response to sexual stimuli were positively affected by fantasizing about the partner. Since positive affect was the only predictor of subjective sexual response, results suggest a linkage between affect and subjective sexual arousal, but not between affect and physiological sexual response.

Escort-girl's sexual models across romantic and erotic scenarios: normativity and rupture

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Following an ethnographic strategy we analyze the organizing principles of social sexual relations of women working as escort-girls, assessing differences and communalities between two emotional and erotic scenarios: romantic and prostitution relationships.

The sociological analysis of sexuality has been determined by its focus on more particular and exceptional forms of intimate lives. However, sexuality is also a part of everyday life routine. The aim of this paper is to explore both disruptive and normative experiences of escort-girl's sexuality, showing how those experiences are crossed by regulation and freeing up phenomena. A closer look at everyday intimate lives reveals that neither the ordinary is always monolithic, nor the marginal practices free actors from constraints.

Protected by a romantic legitimacy, most mundane sexuality can potentiate scenarios of change, contexts of gender roles suppleness; or the elasticity of the sexual exclusivity rule. Conversely, in the margin, practices must obey to more rigid conduct codes. The erotic scenario of escort-girl and client organizes social constructed images for sexual behaviour that they wish to accomplish, turning out to be a ritualistic and controlled dimension of the everyday life.

Finally, we find two main sexual models organizing escort-girls sexual experiences that cross romantic and prostitution scenarios: the hedonist model, allowing these women to fully experience their bodies and sexuality and making no distinction between emotional/erotic scenarios; the constrained sexuality model, producing a dissociated sexuality and making intimacy, pleasure and reciprocity exclusive of a romantic sexuality.

A Portuguese study on women's motivations to sexual activity

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Introduction: There are problems with the existing definition of hypoactive sexual desire disorder (HSDD). The second feature of the monosymptomatic criteria for HSDD focuses on the lack of desire for sexual activity. This has been criticized due to the finding that often sexual activity takes place in the absence of sexual desire, or sexual desire does not necessarily lead to sexual activity.

Aim: To explore the motivations for engaging in sexual activity in a sample of heterosexual women in committed relationships.

Instruments: Investigator-derived self-report questions of sexual motivations to engage in sexual activity.

Method: 639 women over the age of 18 completed a web-based survey of previously pilot-tested items. Participants were recruited through passive advertisement and snowball by e-mail.

Results: The factor analysis of principal components with Varimax rotation revealed the existence of 9 factors explaining 59.712% of the variance. Obligation/Avoiding Conflicts (F1, 12 items, $\alpha=.894$), Satisfaction/Wellness (F2, 10 items, $\alpha=.895$), Physical Well-being (F3, 5 items, $\alpha=.854$), Emotional (F4, 6 items, $\alpha=.821$), Union/Communication (F5, 4 items, $\alpha=.807$), Gratitude/Reward (F6, 4 items, $\alpha=.732$), Mate-Guarding (F7, 5 items, $\alpha=.781$), Desire/Arousal (F8, 4 items, $\alpha=.803$), Coercion/Pressure (F9, 3 items, $\alpha=.653$). The total scale showed a Cronbach's alpha of .913.

Discussion: Results reflect diversity in women's motivations for sexual activity: the pursuit of pleasure, satisfaction, well-being, emotional attachment, connection to the partner, and fulfil a duty or obligation. These results support the model of female sexual response proposed by Basson (2001, 2002) and are consistent with prior research (McCall & Meston, 2006; Meston & Buss, 2008).

Gender differences in “initial” vs. “triggered” sexual desire

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Introduction: Prior research revealed a diversity of motivations for sexual activity (Baumeister, 2000, 2004, Hiller, 2005; Meston & Buss, 2007), which influence the experience of sexual desire.

Aim: To analyze gender differences in “initial” sexual desire vs. “triggered” sexual desire in heterosexual subjects in committed relationships.

Instruments: Investigator-derived self-report questions of sexual desire and motivations to engage in sexual activity.

Method: Participants (women=626; men=300) over the age of 18 completed a web-based survey of previously pilot-

tested items. Participants were recruited through passive advertisement and snowball by e-mail.

Results: There were statistically significant differences between men and women relating to "initial" vs. "triggered" sexual desire. Women tend to initiate sex with their partner without sexual desire more often than men ($U=78208.5, P<0.001$). Women tend to accept sex with their partner without sexual desire more often than men ($U=86740.5, P<0.05$). Women tend to report that it is the partner who initiate sexual activity more often than men ($U=49,465, P<0.001$).

Discussion: Results reflect differences between men and women regarding sexual desire and motivation to initiate sexual activity. The differences are discussed by the light of recent models of sexual response.

"Prostitute as a woman": an exploratory study about the private life of prostitute women

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In this paper we present the results of a research on private relationships of prostitute women. We articulated quantitative and qualitative methods, with the objective of deepen and enrich the information. Thus, we applied a questionnaire to 100 prostitutes and interviewed 15 of these women.

The results show that: the majority of women have a high degree of satisfaction with sex and with their own body; they perceive themselves positively; they have a sexual active private life; they report to feel pleasure and to frequently reach orgasms with their intimate partners; and they describe their private relationships as characterized by affection, concern, friendship and love. We find some differences between the young women (less than 30) when compared with the oldest (more than 30) and between migrants and Portuguese. For example, the younger have a higher frequency in the sensation of pleasure and reaching orgasms with their intimate partners than the older. A positive correlation was verified between the degree of satisfaction with sex and the sensation of pleasure with their partner, as well as between the degree of satisfaction with sex and the frequency of reaching orgasm in the private relationships.

We conclude that prostitute women do have an active sexuality, are able to establish emotional bonds with intimate partners, can experience pleasure in their private affairs and do perceive themselves as owning a self identity.

Medical Sexology in the time of the great economical crisis

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In time of economical crisis is essential to plan our future. The wastage produced by consumerism has wrecked not only economy and incomes, but also our living conditions, social life and ethics. The free-trade economic has produced pov-

erty, famine, thirst, violence, misery in vast segments of the global population. In the main time incalculable fortune and wealth is accumulated in the hands of few people.

Market without honest and able pilots has runned the liberal economical system in the world.

The same happen to medicine. The scientific and technical progress has brought us to be physicians of organs and not of human persons.

A group of economist (Sen, Kanheman) have emphasized life satisfaction, happiness, as the aim of economy. The same must be done in medicine. The new medicine, that is now growing, must include on its field the so called "medical humanities", the humanistic sciences. Among them sexology. Urge also to add to a rigorous evidence-based-medicine, a narrative-based approach in order to evaluate and understand emotions, which are the threads that hold the mental life, and the basis of our happiness. Including sexology as an essential matter in medical education, pre and post graduate, and develop School of Specialization in this field, will be the pathway for coming out of the present great medical crisis.

Anticipation of the sexual development of children adopted by lesbian and gay couples in a sample of Portuguese university students

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Objective: This study aimed to characterize the beliefs about the sexual development of children adopted by homosexual couples, held by a group of Portuguese university students. As sex is an important predictor of attitudes toward homosexuality, differences according to this variable were also analysed.

Design and method: Using a semi-experimental design, 813 students were confronted with descriptions of a couple interested in adopting a child, identical for all except about the couple's sexual orientation and the child's gender. Next, participants were requested to anticipate the gender identity, gender role behavior and sexual orientation of the adopted child.

Results: Respondents considered that a boy adopted by a lesbian couple had a greater probability of evidencing opposite gender role behavior. Male participants considered that the boy normative gender role behavior was also more at stake if he was adopted by a gay couple. A boy adopted by a gay couple and a girl adopted by a lesbian couple were also thought to have a greater probability of becoming homosexual, than their counterparts of the opposite sex in the same conditions. Female participants did not evidence this belief in the case of gay couples.

Conclusions: These results were discussed taking into account the insights of social identity and gender development theories. Additionally, participants' beliefs were compared with the results of empirical studies about the sexual development of children from gay and lesbian families.

Recent evolution to the profession of Sexologist in France. First results of a 2009 survey in France

A. Giami. Institut National de la Santé et de la Recherche Médicale, Le Kremlin-Bicêtre, France

This presentation describes some changes undergone in the profession of sexology in France since 1999, and discusses the distribution of sexologists according to gender and original profession (physicians and non-physicians). A self-administered questionnaire including socio-demographic characteristics, training in sexology, membership of associations, type of professional practice and examples of intervention techniques used, was addressed to the participants at the largest French conference on sexology and sexual health held in 2009, with more than 600 participants. Four hundred and fifty-eight questionnaires were collected (response rate: 71%). Nearly two thirds (63%) of the respondents reported to be physicians, and women accounted for 63% of the total. These results were compared with a survey carried in 1999 using a similar questionnaire. Very little change in the predominance of physicians over non-physicians were observed. However, there was a strong increase in the proportion of women who only represented approximately one third of the total in 1999.

The increasing number of women entering the profession is probably due to the increased feminization of all types of health care-related professions and the fact that sexology has become a more mainstream health practice in recent years.

The sexual life of Trans individuals: a taboo subject

A. Giami. Institut National de la Santé et de la Recherche Médicale, Le Kremlin-Bicêtre, France

Objective: The sexual life (including sexual activity and behaviour) of Trans individuals is currently a difficult subject to discuss and study: few studies have been recently published except in the field of HIV & STI infections, problems affecting principally sex workers inside this population. Most research in this field is focus on gender identity issues and differential diagnostic (homosexuality). So, in order to obtain the necessary diagnostic of GID, which will allow them to start the process of gender transition, most trans individuals prefer not to disclose and speak about their sexual life and their sexual difficulties. Paradoxically, Transexualism Transgenderism is one of the few contemporary conditions not be concerned with the issues of sexual health, understood as recognition and enhancement of sexual function and sexual pleasures considered as a basic dimension of well-being. Ironically, the question of sexual life appears to be central when Trans individuals accept to participate to Ethnographic research and non-clinical interviews.

Design and methods: The paper discusses the status of sexual activity and behaviour related to diagnosis and epidemiology in the current medical and psychiatric documents.

It will present preliminary results of a qualitative study carried in France among trans individuals (MTF & FTM) based on biographical interviews and focused on sexual activity. **Conclusions:** The major objective of the work is to describe the characteristics of sexual activity among Trans individuals and the diversity of sexual conduct among this group as compared to the heterosexual and gay population.

Sexuality in the palliative-terminal phase of cancer

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The objective of this paper is to increase the knowledge on intimacy and sexuality during the palliative-terminal phase of cancer. For this purpose, qualitative information has been gathered during sexology consultations with surviving partners (usually when attending with a new partner). In the first stages of cancer the major targets are coping with the diagnosis and surviving. In this period most couples practice intimate cuddling. After the treatment stage, the process of recovery starts. Depending on the physical damage, their flexibility and their set of values, couples return to their pre-morbid levels of sexual functioning or below that. When the patient enters the palliative or the terminal stage other changes takes place. The need for pleasure, grief, love, relaxation, distraction, painkilling, affirmation or anger results in a wide variety of love-making. Some couples quit sex completely, some are satisfied with only petting, but others get into active, desperate and even violent sex. Frequently pain, tiredness, changed physical sensations and disturbed hormone levels interfere with these sexual needs. Listening to the reactions of patients in this terminal phase, sexology can learn some lessons. The variety of sexual reactions clearly shows that sex has many more meanings than only relation, recreation and procreation. Maybe the most impressive message is that sex is not only for the young, the healthy and the beautiful. In this phase quality of life becomes very important; patients, and their partners, deserve sexological care and attention. Since many treatment contraindications have disappeared, quality of life in general and quality of sexual life in particular can be improved by changing treatment interventions.

Gender identity disorder: What is the role of the psychiatrist?

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The cause of gender identity disorder (GID) is a subject that has always been a main focus in the care of transsexual patients: is this a psychiatric pathology, a problem of identity, or is it due to genetic or hormonal factors? Moving beyond these issues, the psychiatrist's role in the care of transsexuals is fundamental because, regardless of the origin of the GID, all studies concur that the success of Sex Reassignment Surgery (SRS) depends principally on psychological and psychopathological factors. The role of the psychiatrist in assessing patients with gender dysphoria (GD) is funda-

mental in order to confirm the GD diagnosis that justifies a therapeutic treatment for this disorder-induced condition of distress; establish the differential diagnosis of GD related to or associated with a psychiatric pathology (a period of delirium revolving around ideas of body transformation, sexual ambiguity, fetishistic transvestitism, dysmorphophobia, etc.); detect and inform the patient of negative predictive factors that apply in his case and that should be considered when assessing the benefits of surgical reassignment; detect unrealistic expectations in order to prevent undue frustrations and disappointment that will also have consequences on the surgical team. The psychiatrist's objectives with regard to the patients are to optimize a successful transformation, in terms of the patient's global satisfaction and psychosocial adapting to the new gender. Studies conducted on the outcome of patients operated for sex-change reveal that 2% express permanent regrets and 10% express temporary regrets. The rates of severe depression and death after suicide are significantly higher than in the rest of the general population. The psychiatric assessment enables vulnerable patients to be identified, for whom a suitable and personalized treatment can be proposed prior to surgery. The psychiatrist's objectives with regard to the gender team: the psychological predictive factors of a poor outcome of post-sex-change disorders, which have been evidenced by retro- and prospective works (personality disorder, psychiatric pathology, adaptation disorders, low satisfaction capabilities, risk-prone behaviour, psychosocial problems) must be discussed within the team to ensure that the sex-change surgery decision is the result of an enlightened consensus between the patient and the care team, and notably the surgeon who may have to deal subsequently with regrets, lack of satisfaction or legal claims because of insufficient global assessment. Even if these vulnerability factors are not per se contra-indications to sex-change, they should lead to caution in order for the surgeon to be able to assess the impact of the surgical act.

How to Take a Medical Sexual History

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Care for the patient with erectile and sexual dysfunction has shifted from the specialist to the primary care physician, also because of the emergence of effective oral treatment. The physician performing this work-up should be able to deal with sexuality and should be sensitive to cultural, ethnic and religious factors. Knowledge of anatomy of the male genitalia and physiology of erectile function is essential.

This initial evaluation should consist of a comprehensive medical, sexual and psychosocial history, a physical examination and, if necessary, diagnostic testing. It is better to start with non-threatening demographics such as age, marital status, employment, and education. Then proceed to an open question, i.e.: "What brings you here today?" It is appropriate to make inquiries into the patient's lifestyle: smoking, excessive alcohol consumption and recreational drug abuse.

The goal of the sexual history is to define the nature, chronology, psychosexual context and severity of the problem. Matters have to be discussed privately. The patient should be put at ease, creating an atmosphere of security and confidentiality. The physician should be open to the patient's problems and use terms which he can understand. Not all health professionals know how to listen, especially when it comes to sex, they feel often also uncomfortable. The interview should be structured so to obtain important information in a sensitive and efficient manner. Validated questionnaires may be used to assist obtaining a structured sexual history. These are not a substitute for the patient-physician dialogue. Primary are these questionnaires research tools. Every effort should be made to involve the patient's partner. This should be given the possibility to talk separately, to be sure they can say more and feel confidential. The therapist should indicate how much time is available to avoid they have to rush. Note-taking is usual but in the beginning of the interview it is better to give the person the full attention.

"We all made love": results of a discussion group with prostitute and non prostitute women

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This paper is based in an action-research project, developed since 2005, which is focused in the relations that street prostitutes have with their own bodies through a dance work. This project is rooted in the tradition of body and movement studies.

The main objective of this program is to develop a relational art project that includes a socio-artistic intervention. We have been working with a group of street based prostitute women in Lisbon. This project aims to empower women, giving them voice and allowing them to transform their life.

In this context, beyond the body work taking place in the dance studio, we organize discussion groups with these women and other non prostitute women. Their ages are between 30 and 60 years old and, during these meetings, one of the themes addressed is sexuality in their private life.

The results show that these discussion groups can be a strong contribution against stigmatization and are able to demystify some prejudices about sexuality for both groups of women, prostitutes and non prostitutes. We also concluded that this intervention functions as a form of sex education.

The post-modernity and the couple: is it sufficient to be a sex therapist to deal efficiently with couples who have sexual problems?

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This Symposium aim to understand the relationships inside the families and marriage. These transformations are relevant to the clinical practice on couple therapy and on sex therapy, enabling a better comprehension of the specificities of love relationship in different types of conjugality. We'll try to analyze the post-modern marriage crisis and the new psychotherapeutic possibilities. We intended to focus the perceptions of transformations that have occurred in the post-modern society in social and psychological terms. It is important discuss issues regarding gender roles in contemporary family relationships, where "new" and "old" family models coexist, highlighting the tension existent in the identifications of the "new" woman and the "new" man.

We approach the role of therapists in the context and show that marriage as well as therapy, might have a therapeutic potential if it is connected to a notion of mutation, flexibility for the new and different, space of interpersonal development and creativity. Although sex therapy is considered to be a relatively straight forward approach based on application of techniques, it's far more than simple application of specific techniques in the management of specific sexual dysfunctions. Many of the individuals and couples who present sexual problems have relationship problems. Besides sexual and relationship problems appear interrelated in practice and thus separating the two problems is artificial. This Symposium will also discuss the reasons why sex therapy and couple therapy need not remain separate and the advantages of training therapists as competent both in couple and sex therapy.

The impact of episiotomy on female sexual response

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Aim: This descriptive and exploratory study aims to contribute to analyze the influence of episiotomy and episiorrhaphy in women's sexual response. It compares the pre and postpartum period in women with and without episiotomy, considering several sexual variables (desire, arousal, orgasm, pain and sexual satisfaction).

Sample: Participants were 170 mothers, aged between 21 e 42 years, hospitalized in the Department of Obstetrics and Gynecology's of the Hospital of Setúbal.

Instrument: (1) Female Sexual Function Index (FSFI; Rosen et al., 2001) in two moments: retrospective to pregnancy period, and 3 months after birth; (2) Investigator-derived self-report questionnaire to determine the impact of episiotomy in female sexual response.

Results: There were no significant differences involving foreplay, oral sex, vagina's self-perception and vaginal touching in women with and without episiotomy. However, there were some differences between women with episiotomy and women with intact perineum regarding to the restart of sexual intercourse, episiotomy inhibitory effect of sexual activity, frequency of sexual activity and pain levels and location in the first intercourse after childbirth.

The development of a project in sexual education: the comprehensive project for the prevention of sexual abuse (PIPAS)

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This paper aims to share the experience of constructing and implementing a sexual abuse prevention project for children and adolescent, from its point of conception to the construction of materials and the inclusion of the institution's technical resources. It also focuses on the formation and monitoring of the process to its accomplishment. The starting point of the intervention began at Casa Pia in Lisbon, in 2003, following the scandals that shook the institution and the entire Portuguese society.

The program implementation has undergone a number of adaptations, allowing us to explore several variants, differentiating social education and training proposals, extending the intervention to families, and adapting it to disabled people. The base strategy for the intervention was play, through which reflection on the themes involved enabled participants to overcome stigmas and taboos.

Thus, the CPL professionals were equipped not only with a tool for addressing sexuality comprehensively but also for repairing the damage born of the widespread scandal, highlighting the resilience of the institution.

LGBT (Lesbian, Gay, Bisexual, and Transgender) topics in the training of sexual therapists provided by the Portuguese society of clinical sexology

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The aim of this paper is to illustrate how the Portuguese Society of Clinical Sexology are integrating LGBT questions into the training of Portuguese Sexual Therapists. The basis of affirmative gay psychotherapy will be presented.

Using the information provided by research concerning psychotherapists' representations of homosexuality it was possible to identify the lack of knowledge concerning LGBT questions in the field of psychology and psychiatry. This provided a starting point for building a programme integrating the APA guidelines.

A LGBT committee was created inside the Society and with the aim of initiating and co-ordinating activities to improve the training programme.

Future lines of action will be presented and discussed.

Improving provision of effective treatment for LGB (Lesbian, Gay, Bisexual) persons: client perceptions of diversity competency for psychotherapists

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Objective: While clinicians are becoming increasingly aware of the need to be competent in terms of cultural and individual diversity, European professional associations have made little progress in establishing guidelines and standards of care, practice and training - contrary to the North American counterparts. The purpose of the present paper is to contribute to the definition of clinician diversity competencies in the perspective of LGB clients. It further aims to encourage the development of standards of care for improving provision of effective treatment for LGB persons within Europe, where mobility of both clients and clinicians is increasing among countries with a variety of political, social and family contexts for these clients.

Design and method: The present study utilizes a qualitative methodological approach, involving the use of focus groups with LGB persons. An interview protocol was developed and focus groups were conducted in a non-clinical setting, after recruitment through LGBT associations.

Results: Content analysis was conducted on the transcripts of the focus groups. Results are presented in light of the individual and cultural competency models developed in the literature, including the dimensions of awareness, knowledge and skills, as well as a focus on the individual client, the relational aspects, and the context of psychotherapy.

Conclusions: This paper defends the foundational role of clinician diversity competency when working with diverse individuals.

Body dissatisfaction and cognitive distraction during sexual activity: comparative study with a Portuguese sample of LGB (Lesbian, Gay, Bisexual) and not LGB cohabitation

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Objectives: To compare body dissatisfaction and cognitive distraction during sexual activity in a sample of LGB and not LGB people cohabitating in a civil union.

Design and method: From a sample of 2288 respondents to an online survey, we obtained a cohort sample of 70 LGB individuals currently in a cohabitating relationship. This sample is formed by 39 men, with a mean age of 36,59 years and 31 women with a mean age of 33,87 years. The men are 11 bisexual, 4 preferably homosexual and 24 exclusively homosexual. The women are 11 bisexuals, 10 preferably homosexual and 10 exclusively homosexual. The instruments used were the Global Measure of Body Dissatisfaction (Medida Global Insatisfação Corporal-MGIC, Pascoal and Narciso, 2006) and the Sub-Scale of Body Appearance of the Cognitive Distraction Questionnaire (CDQ, Dove and Wiedereman, 2000). Nonparametric tests were used to compare the sample LGB and not LGB.

Results: There is a significant correlation between body dissatisfaction and cognitive distraction in the sample of the LGB population (Pearson rho=0,648, P<0.01). There were no statistical significant differences between LGB men and

women, or between the LGB and not LGB sample on the variables at study.

Conclusions: This study seems to indicate that there are no differences on body dissatisfaction and cognitive distraction when a sample of LGB is compared with a sample of non LGB people.

Sex Lab: Overview of the goals and research projects

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The Sex Lab is the result of a partnership between the research group in Sexology from CINEICC (FPCEUC) and the Psy Lab from Universidade de Aveiro, to promote experimental and psychophysiological research on human sexual response. The laboratory has five full-time researchers with grants from the Portuguese Scientific Foundation (FCT) besides the principal investigator. Sex Lab is also a member of the international network coordinated by Erick Janssen (Kinsey Institute - Indiana University), which is comprised of researchers and teams who work in this area in different continents. The Sex Lab is currently developing five research projects:

- women's sexual health: a biopsychosocial model. Research started in September 2006 and financed by the Portuguese Scientific Foundation (FCT) - 160.000 euros;
- cross-cultural study on cognitive-emotional factors of sexual dysfunction. Study using samples from seven different countries: Portugal, Brazil, USA, Italy, Turkey, United Kingdom, and Romania;
- longitudinal study on psychological vulnerability for the development and maintenance of sexual dysfunction;
- experimental study on psychophysiology vulnerability factors to sexual dysfunction: Testing the Role of Psychophysiology Variables on the Sexual Response to Experimentally Manipulated Negative Sexual Events;
- clinical outcome study on cognitive behavior treatment for erectile disorders: a randomized controlled study.

Being a prostitute and a lover: experiences of sex and intimacy in street sex workers

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This paper focuses on street prostitutes' private sexuality and intimacy, based on ethnographic research and in-depth interviews.

Almost all prostitutes have husbands, boyfriends and lovers with whom they have intimate and rewarding relationships. These women clearly distinguish private relationships from those they have with customers: the motivations to engage in relationships with their intimate partners are erotic, sexual or emotional, while with their clients they have an economic motivation. Thus, with their intimate partners they have pleasure and orgasms, while with clients, in general,

sexual pleasure is not allowed. According to them, with the first ones they make love, while, with the others, they just have sex.

Although one of the prostitutes' working rules is not to fall in love or have pleasure with clients, sometimes it can happen. Under certain circumstances, some women may establish relationships with pleasure, love and affection. Despite the stereotype of emotional indifference in commercial sex, there is a variety of relationships and meanings.

In short, we conclude that sex workers establish romantic relationships in which they can have pleasurable sex and our findings also sustain that even in their work, although unusually, they can get emotional and sexual rewards.

Predictors of men's sexual response to erotica: the role of beliefs, sociosexuality, sexual inhibition/excitation, affect, and automatic thoughts

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Objective: The purpose of the present study was to investigate the role of some psychological predictors on men's sexual response to erotica (both physiological arousal and subjective arousal). We were particularly interested in evaluating the contribution of sexual beliefs, sociosexuality, sexual inhibition/excitation, affect and automatic thoughts in explaining physiological and subjective sexual response to different stimuli (sexually explicit vs. relational) and sexual instructions (imagining a partner vs. stranger). Finally we were also interested in evaluating the role of the proposed psychological predictors in explaining the discrepancy between subjective and physiological response to erotica.

Design and method: 25 sexually healthy men participated in the study. The experimental design was a 2 (type of film: erotic and relational/sexually explicit material) \times 2 (instruction: imagine partner/stranger). Genital sexual arousal was measured with indium gallium gauges (changes in penile circumference) while the subjective sexual arousal was measured by a 9 item Likert Scale. Participants also answered to SDBQ (Nobre, Pinto-Gouveia & Gomes, 2003), SOI (Simpson & Gangestad, 1991), SIS/SES (Janssen et al., 2002), PANAS (Watson, Clark, & Tellegen, 1988), and a list of automatic thoughts (Nobre et al., 2009).

Results: Findings indicated that the best predictors of subjective sexual response to the different stimuli and instructions were automatic thoughts ($R^2=.37$, $p<.05$), particularly sexual arousal thoughts ($r=.65$, $p<.01$) and thoughts related to female actor's physical attributes ($r=.62$, $p<.01$). Contrary to predictions, negative affect ($r=.47$, $p<.05$) and sexual inhibition (SIS 1) ($r=.79$, $p<.05$) were also positively correlated with subjective arousal. With regards to physiological arousal, sociosexuality was the only significant correlate ($r=.44$, $P<.05$). Moreover, findings indicated that physiological and subjective response to the different sexual stimuli and instructions were not significantly correlated

($r=.24$, $P >.05$). When examining the predictors of discrepancy between physiological and subjective arousal we found that, the higher the sexual thoughts [sexual arousal thoughts ($r=.68$, $p<.01$); thoughts related to female actor's physical attributes ($r=.58$, $p<.01$); body image thoughts ($r=.47$, $p<.05$)], positive affect ($r=.52$, $p<.05$) and negative affect ($r=.45$, $p<.05$) during the films, sexual inhibition (SIS1) ($r=.78$, $p<.05$) and conservative beliefs ($r=.45$, $p<.05$), the higher the difference between subjective and physiological arousal.

Conclusions: Results indicate a relative discrepancy between subjective and physiological response to erotica in men. Moreover, findings also showed that, while subjective sexual arousal is associated with several psychological variables, physiological arousal seems to be relatively independent from them. Finally, and somewhat surprisingly, sexual inhibition due to performance and negative affect were significantly associated with subjective arousal and predict the discrepancy between the latter and physiological response.

Gender differences in subjective sexual response to erotic films: an exploratory study with undergraduate Portuguese students

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Introduction: It is widely recognized that exposure to sexually explicit material (SEM) is an adequate method to elicit genital and subjective sexual arousal in sex research, particularly for men (Janssen et al., 2003; Heiman, 1977; Laan & Everaerd, 1995; Woodard et al., 2008), but whether sexually explicit films are the best choice for studying women's sexual arousal it is still a matter of debate. Taking into consideration recent theoretical conceptualizations regarding female sexuality (Basson, 2001, 2005), the use of erotic films emphasizing a more relational and romantic content rather than sexually explicit material could be an important alternative when studying women's sexual arousal.

Objective: The aim of this study was to explore gender differences in subjective sexual response to erotic films.

Method: A total of 112 participants (59 women and 53 men) recruited from two Portuguese Universities participated in this study. After giving their informed consent, participants were asked to watch 4 erotic film clips (2 SEM and 2 Relational) with 3 minute duration each, and rate the level of their subjective and genital sensations, and affect after each clip. The order of film presentation was counterbalanced.

Results: A significant gender effect ($P=.05$) and an interaction effect (Film \times Gender) ($P<.01$) were found for sexual arousal, with women reporting higher levels of sexual arousal compared to men, particularly in the relational clips, whereas men reported feeling more sexually aroused during explicit clips. A gender and a film effect were found for perception of genital sensations: women reported higher

genital sensations compared to men ($P=.01$), and explicit films caused higher genital sensations in comparison to relational clips ($P<.001$). Finally, concerning emotional responses, an interaction effect was found for positive affect with women reporting higher levels of positive affect in the relational clips and men reporting higher levels in the explicit films ($P<.05$). Interestingly, women also reported significantly higher levels of negative affect compared to men ($P<.05$) (gender effect) and higher levels of negative affect were reported for explicit clips ($P<.001$) in both men and women (film effect).

Conclusions: Overall, findings indicate that men and women show different patterns of sexual and emotional response to erotic material. While women reported higher sexual arousal and positive affect in the relational films, men indicated more positive emotions and sexual arousal in response to sexually explicit films. Interestingly, women reported higher sexual arousal and genital sensations in response to the films compared to men, despite also presenting higher levels negative affect during the films. These findings may have implications both in the field of sex research and sex therapy.

Clinical sexology: An integrated approach between the psychosomatic and the somatopsychic

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During the past three decades, integration in sexology between specialists, models and intervention techniques has decidedly increased, both in clinical practice and in international research contributions. The training of the sexologist, a figure often not officially recognized in spite of growing client demand, is still a critical issue. This paper describes the Italian situation through the 20-year experience of Rome's Clinical Sexology Institute in training doctors and psychologists interested in acquiring the specific competencies required to work in the sexology field. The clinical experience of the ICS team, for a long time available only to patients in private clinics but today extended to patients in a public hospital, serves as a natural basis for transmitting flexible theoretical and technical knowledge, as required by the integrated approach. The context in which the clinical practice is carried out, also underlines the limits and resources of the integrated approach, a modality which ideally takes into consideration and puts on the same level of importance body, mind and relationship.

Role of families in promoting risk and well-being for LGBT (Lesbian, Gay, Bisexual, and Transgender) youth

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Objective: Comprehensive research on LGBT youth and families is developing a new family model of wellness, prevention and care for LGBT children and adolescents.

Design and method: Research from the Family Acceptance Project includes mixed methods studies of family response when LGBT youth, ages 13-18, are found to be LGBT (n=154); and assessment of behaviors parents/caregivers use to express acceptance and rejection of their LGBT children on health and mental health outcomes, measured in a survey of 245 LGBT young adults, ages 21-25. Researchers shared findings with diverse families with LGBT children to develop resources and interventions to help families decrease rejecting behaviors and increase family support.

Results: Families have a compelling impact on their LGBT children's well-being. LGBT young adults with higher levels of family rejection during adolescence were 8.5 times more likely to report attempted suicide, 6.3 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report unprotected sexual intercourse, compared with peers with no or low family rejection levels. Family support is linked to higher levels of self-esteem and greater well-being and significantly lower rates of health and mental health problems.

Conclusions: Families are a critical untapped resource for reducing risk and promoting well-being for LGBT young people. Collaboration to educate families, sexuality educators and providers about this work is urgently needed and must be increased. Presenters will discuss international efforts to promote family support, positive development and healthy futures for LGBT children and youth.

Determinants and Benefits of Sexual Satisfaction in a Female Sample

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Introduction: The study of sexual satisfaction has been hampered by poor conceptualization and weak measurement.

Objective: Our aim was to explore women's predictors of sexual satisfaction. Also to analyze the determinant factors and benefits of their sexual satisfaction in the perspective of women themselves.

Design and method: 271 women (range age=18-59) participated on this web-survey. The instrument include 4 questionnaires: Global Measure of Sexual Satisfaction (Lawrance & Byers, 1998), Sexual Satisfaction Determinants Scale (Carvalheira & Leal, in preparation), a socio-demographic questionnaire, and an investigator-derived self-report questionnaire to assess sexual behaviour and the level of importance of sexual satisfaction to women.

Results: Frequency of intercourse ($P<0.001$), importance of sexual practice ($P<0.05$), frequency of orgasm ($P<0.001$), relationship status ($P<0.001$) and duration of relationship ($P<0.001$) predicted women's sexual satisfaction.

As determinants of their sexual satisfaction 94,5% of women chose as at least very important to feel desired by the partner, 91,1% to feel physical arousal, 90% to receive partner's attention and 89,9% to feel partner cares about my pleasure.

Trying to think psycho-dynamically about a service for transgender people

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Gender is a core aspect of human experience and crosses biological, psychological, social, cultural, and religious categories. It is difficult to convey the depth of feeling of bodily wrongness that many trans people live with. Mental health professionals may be perceived as gate keepers who hold the key to their salvation or who are denying them their only chance of rescue. Feelings are intense and there is often an urgent desire for action that will bring relief. In such circumstances, maintaining a rational frame-work for thinking can become very difficult.

This paper describes practices and structures in the working of a gender identity clinic that are founded on psychoanalytic work. We aim to understand the subjective experience of patients with gender problems, and how this pain is transmitted and experienced by others, rather than attempting to look for the aetiology of the clinical phenomena. The clinic aims to offer the containing environment that may have been absent developmentally, in an attempt to reflect, contain and modulate anxiety and to assist patients towards a reasoned decision about their future. I will address two main issues, the importance of the assessment process in fostering thought and reflection, and transference and counter-transference issues that are commonly encountered. This will be prefaced by brief consideration of the role of a psychoanalytically-informed mental health professional in a gender identity clinic and will conclude by considering the implications for the development and provision of services.

Women's affective, cognitive, and sexual response to different types of films and instructions during exposure to erotica

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Objective: The aims of this study were (1) to evaluate women's affective, cognitive and sexual (subjective and physiological) response to different types of sexual stimuli and instructions, and (2) to investigate the role of cognitions and affect in predicting subjective and physiological sexual arousal and further examine the relationship among these variables.

Design and method: A total of twenty-eight women participated in the study. The experimental design was a 2 (type of film: sexually explicit vs. relational/romantic material) \times 2 (instruction: imagining partner vs. imagining stranger). Physiological sexual arousal (VPA) was continuously assessed during the film presentations, and subjective sexual arousal (9-item Likert Scale), cognitive (list of automatic thoughts; Nobre et al., 2009) and affective

responses (PANAS) were assessed after each stimulus presentation.

Results: (1) An analysis of variance (ANOVA) revealed that the type of instruction had a significant effect on affective response (higher levels of positive affect while imagining being part of the depicted scene and the male actor is one's partner), and on thoughts about the actress'physical attractiveness (more thoughts related with the actress'physical attractiveness while imagining the partner). There was also a significant effect for the type of film on physiological and subjective arousal (higher physiological and subjective arousal in response to the sexually explicit film), and on thoughts about the actress'physical attractiveness (higher during the sexually explicit film). (2) Regarding predictors of sexual arousal, a multiple regression analysis, using positive and negative affect and physiological sexual arousal as predictor variables, revealed a significant model for subjective sexual response (explaining 58% of the variance) with positive affect ($\beta=.76$, $p<.001$) as the only significant predictor. No significant predictor was found for physiological sexual response. Furthermore, Pearson correlations revealed subjective sexual response to be positively associated with sexual arousal thoughts ($r=.87$, $p<.001$) and actress'physical attractiveness thoughts ($r=.50$, $p<.01$). A similar pattern was found for positive affect. In contrast, negative affect was correlated positively with boringness thoughts ($r=.40$, $p<.05$) and sinful thoughts ($r=.64$, $p<.01$).

Conclusions: Different stimuli seem to activate different physiological and subjective sexual response in women, while different instructions have a different impact on affective response during exposure to sexual stimuli. Subjective sexual arousal, but not physiological arousal, was associated with positive affect and thoughts during erotica.

Diagnostic Manual for Sexological Diseases

F. Bianco. President of the World Association for Medical Sexology

The Diagnostic Manual for Sexological Diseases is an operative Classification of the different pathologies existent in the field of Clinical Sexology.

Back in 1992, The FLASSES General Assembly approved The Diagnostic Manual for Sexological Diseases as an Official document of FLASSES. Its preparation began in 1985. After a much international discussion and analyses the final version was presented and approved in Belo Horizonte, during the VI General Assembly of FLASSES.(1992)

The Manual present a number of definitions, concepts and constructs that allow understanding the field of Sexology and the area of Clinical Sexology. Equally present and operative Classification of all Clinical Sexological Syndromes

The Postgraduate Training Program in Medical Sexology, started in 1985, use the Manual as a main guide during the evaluation, diagnoses and treatment of patients with some kind of Sexological pathology. The classification is functional and operative.

The Manual meet the requirement in order to satisfy the demand of the Necessary Action 7.2 described in the document Sexual Health for the Millennium. A Declaration and Technical Document (WAS.2008).

Equally the Manual make a contribution in the consecution of the goals of Necessary Actions 7.1.7.3, y 7.5 described in the same document. Those are refer to identify, address and treat sexual concerns, dysfunctions and disorders.